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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH  
Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  
COUNTY PIMA STATE ARIZONA STATE FILE NO. 413  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ REGISTERED NO. 918  
CITY TUCSON NO. VETERANS ADMINIS. FACILITY, ST. \_\_\_\_\_ OR \_\_\_\_\_ WARD \_\_\_\_\_

LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)  
IN CITY OR TOWN WHERE DEATH OCCURRED 2 YRS. 2 MOS. 19 DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? approx. YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_

2. FULL NAME DOWD, Thomas Andrew C-1459 506 HOW LONG IN STATE WHEN DEATH OCCURRED? 3 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. \_\_\_\_\_  
(A) RESIDENCE: NO. Tucson, Arizona. ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>widowed</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12/19/34</u> , 19 <u>34</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>no record.</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>12/16/34</u> , 19 <u>34</u> , TO <u>12/19/34</u> , 19 <u>34</u> I LAST SAW HIM ALIVE ON <u>12/19/34</u> , 19 <u>34</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:00p.m.</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 31, 1899</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Tuberculosis, pulmonary, chronic far advanced, active "C"</u>	
7. AGE		YEARS <u>35</u>	MONTHS <u>1</u>	DAYS <u>18</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>electrician</u>		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		DATE OF ONSET <u>unknown</u>	
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>St. Louis, Missouri</u>					
13. NAME <u>Thomas J. Dowd</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>					
15. MAIDEN NAME <u>Lily V. Morris</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Illinois</u>					
17. INFORMANT (ADDRESS) <u>F. F. DU PREE, M.D., Ward Surgeon</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>VAH, Tucson, Ariz.</u> PLACE <u>Crescent Cemetery</u> DATE <u>12-21-1934</u>					
19. EMBALMER (LICENSE NO. <u>1642</u> ) SIGNATURE <u>Wm. J. Hammond</u> FUNERAL DIRECTOR <u>Wally Undertaking Co</u> ADDRESS <u>Tucson, Ariz.</u>					
20. FILED <u>12-21-34</u> <u>Termin D. Howard</u> REGISTRAR (ADDRESS) <u>VAH Tucson, Arizona, B-3</u>					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____ MANNER OF INJURY _____ NATURE OF INJURY _____					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>not known</u> IF SO, SPECIFY _____ (SIGNED) <u>S. H. JAMES, M.D., Registrar</u> (ADDRESS) <u>VAH Tucson, Arizona, B-3</u>					